"We Cannot Make a Silk Purse Out of a Sow's Ear"

Eugenics in the Hoosier Heartland

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In the April 1929 *Monthly Bulletin of the Indiana State Board of Health* Dr. Thurman B. Rice pondered in a column entitled "If I were Mussolini" how he would run Indiana if granted absolute control.[1] Equal parts folksy and frank, this contribution to the bulletin illustrated Rice's celebrated "ability to write and converse in typical Hoosier jar-

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[1]Thurman B. Rice, "If I were Mussolini," *Monthly Bulletin of the Indiana State Board of Health* (hereafter *Monthly Bulletin of the ISBH*) 32 no. 4 (April 1929), 53-54.

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gon."[2] Having reviewed what he favored but would not require, such as making folks go to church on Sunday and abstain from alcohol ("I am as dry as an Arabian camel"), Rice listed a series of measures that he would enforce, all of them targeting those he deemed "unfit to procreate."[3] Specifically, Rice endorsed marital restrictions on and the sterilization of Hoosiers with bad heredity: the feebleminded, inveterate criminals, and parents whose firstborn was a confirmed defective.

On paper many of Rice's wishes had already been fulfilled, as Indiana was home to one of the first restrictive marriage laws in the country, passed in 1905 and prohibiting the "mentally deficient, persons with a 'transmissible disease' and habitual drunkards" from marital unions.[4] In addition, in 1907, and again in 1927, the state legislature had approved statutes authorizing the sterilization of the "insane, feebleminded, or epileptic persons" in custodial care.[5] Even so, Rice wanted to ensure the exacting implementation of these laws and extend sterilization outside of the walls of state institutions. A professor in the Department of Public Health at the Indiana University School of Medicine, the longstanding editor of the *Monthly Bulletin,* and the future state health commissioner, Rice was well positioned to communicate his ideas about the biological and social burden of defective heredity. In numerous entries in the *Monthly Bulletin*, in his book *Racial Hygiene*, and in serialized articles on the history of medicine in Indiana, Rice expounded on the need to protect America's good blood and superior stock from bad "germ plasm" through policies ranging from monetary bonuses to augment fit families to prenuptial health certificates, from mothers' pensions to immigration control.[6] In 1928 the American Eugenics Society, the country's foremost organization devoted to race

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[2]"Dr. Thurman B. Rice, 1888-1952," *Monthly Bulletin of the ISBH,* 55 no. 12 (April 1952), 271-81.

[3]Rice, "If I were Mussolini," *Monthly Bulletin of the ISBH.*

[4]Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, rev. ed. (Cambridge, Mass., 1995), 100.

[5]"An Act entitled to prevent procreation of confirmed criminals, idiots, imbeciles, and rapists," *Laws of the State of Indiana* (Indianapolis, 1907), 377-78; "An Act to provide for the sexual sterilization of inmates of state institutions in certain cases," *Laws of the State of Indiana* (Indianapolis, 1927), 713-17, Sterilization File (SF), Indiana State Archives (Indianapolis, Indiana).

[6]Thurman B. Rice, *Racial Hygiene: A Practical Discussion of Eugenics and Race Culture* (New York, 1929).

hygiene, acknowledged Rice by appointing him chairman of the Indiana State Eugenics Committee.[7] Rice was a high-flying Hoosier eugenicist, but he was not alone. Many distinguished leaders in Indiana public health, education, and welfare gravitated towards eugenics in the first half of the twentieth century.

Coined by the British statistician Sir Francis Galton in 1883 to describe a new scientific approach to the improvement of society through the study and control of human heredity, eugenics attracted a wide spectrum of adherents from the late nineteenth to the mid-twentieth century.[8] Ranging from the far left and the far right to the mundane middle, eugenicists included biologists, physicians, industrialists, psychologists, socialists, feminists, and traditionalists, and eugenic societies appeared in nations as diverse as Japan, Italy, Brazil, and Romania. What this heterogeneous group shared was the conviction that social maladies could be addressed through scientific solutions and the application of biological models, especially those derived from the burgeoning field of genetics. By the early 1900s, a eugenics movement was cohering in the United States, propelled by organizations such as the American Breeders' Association and prominent scientists such as Charles B. Davenport, who founded the Eugenics Record Office in Cold Spring Harbor, New York, in 1910.[9] Concomitantly, states started to pass marriage bans and laws for the segregation and sterilization of the "unfit," and in the 1920s the U.S. Congress approved eugenically inspired immigration quotas.

In the past few decades, scholars have published dozens of books and articles on eugenics, demonstrating its global reach, expansive appeal, and ideological flexibility.[10] More recently, delving beyond

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[7]President, American Eugenics Society, to Dr. Rice, September 28, 1928, Thurman B. Rice folder, American Eugenics Society Records (AES), 575.06 Am3, American Philosophical Society (Philadelphia, Pennsylvania).

[8]Sir Francis Galton, *Essays in Eugenics* (London, 1909).

[9]Two of the most illuminating books on eugenics are Kevles, *In the Name of Eugenics* and Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Atlantic Highlands, N.J., 1995). Also see Garland E. Allen, "The Eugenics Record Office at Cold Spring Harbor, 1910-1940," *Osiris*, 2nd ser., 2 (1986), 225-64.

[10]Three examples of this extensive scholarship are Gunnar Broberg and Nils Roll-Hansen, *Eugenics and the Welfare State: Sterilization Policy in Denmark, Sweden, Norway and Finland* (East Lansing, Mich., 1996); Mark B. Adams, ed., *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia* (New York, 1990); and Paul Weindling, *Health, Race, and German Politics between National Unification and Nazism, 1870-1945* (Cambridge, U.K., 1989).

Hoosiers photographed by field workers for the Board of State Charities

Indiana's 1920s eugenics program included identifying the state's "feebleminded." Most thus designated were among the rural poor, like these families.

Courtesy of the Indiana State Archives, Indianapolis

national organizations and patterns, U.S. historians have applied a regional lens to probe eugenics in states such as Virginia, North Carolina, Minnesota, Oregon, and California, to name just a few.[11] This research has demonstrated that even as eugenicists participated actively in national organizations such as the American Eugenics Society and the Human Betterment Foundation, the hereditarian ideas they espoused and the policies they helped to enact were profoundly shaped by the

[11]Gregory Michael Dorr, *Segregation's Science: The American Eugenics Movement and Virginia, 1900-1980* (Chapel Hill, N. C., 2007); Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill, N. C., 2005); Molly Ladd-Taylor, "The 'Sociological Advantages' of Sterilization: Fiscal Policies and Feeble-Minded Women in Interwar Minnesota," in *Mental Retardation in America: A Historical Reader*, eds. Steven Noll and James W. Trent, Jr. (New York, 2004), 281-99; Mark A. Largent, "'The Greatest Curse of the Race': Eugenic Sterilization in Oregon, 1909-1983," *Oregon Historical Quarterly,* 103 (Summer 2002), 188-209; Alexandra Minna Stern, *Eugenic Nation: Faults and Frontiers of Better Breeding in Modern America* (Berkeley, Calif., 2005).

specific local contexts in which they operated. Rephrasing the oft-quoted maxim, this scholarship underlines that "all eugenics was local."

This essay provides a historical overview of eugenics in Indiana from 1900 to 1960 and situates the Indiana experience on the national horizon. In addition to highlighting the principal actors who pursued and the ordinary people who were affected by eugenics, this essay explores several tantalizing questions: Why did Indiana—of all the states in the union—pioneer the first eugenic sterilization law in the world? Who was sterilized in state institutions and how were sterilizations ordered and carried out? Why did eugenics prosper in a state characterized by a preponderance of native-born white residents and a paucity of immigrants and racial minorities? What ideological framework enabled Hoosier eugenicists to link the cultivation of better babies to the sterilization of defectives? Finally, who was deemed unfit (and fit) according to the eugenic standards of the day and what might this reveal about the hopes and anxieties concerning Indiana's future held by the state's leaders in the first half of the twentieth century?

Now is an apt moment to look back at the history of eugenics in Indiana. April 2007 marks the centenary of the landmark sterilization law. Eventually ruled unconstitutional and replaced by a revamped statute in 1927, this law set the stage for the sterilization of over 2,000 Hoosiers committed to mental and penal facilities. With the hindsight of a century, it is instructive to evaluate the motivations behind this legislation and to assess how other aspects of eugenics in Indiana—such as mental surveys and the dissemination of baby care advice—diverged from and converged with the state's sterilization policy. Moreover, analyzing the history of eugenics in Indiana can shed light on the complexity of eugenics in the United States and point to fruitful avenues of inquiry on the local and state level. Even if the history examined in this article can be consigned to an increasingly distant past, many of the ethical questions raised remain as compelling today. The dilemmas associated with reproduction, breeding, and decisions about which human traits are desirable or undesirable appear, if anything, even more pronounced in the twenty-first century, as fertility technologies and genetic discoveries expand at an unprecedented rate.

This article begins with a discussion of the passage of the 1907 sterilization law, which was ruled unconstitutional by the Indiana Supreme Court in 1921. I then move to an examination of the activities of the Committee on Mental Defectives formed by the Board of State Charities in 1915 to combat an apparent crisis of "mental defectiveness

in Indiana."[12] Next I examine the Division of Infant and Child Hygiene, which directed immensely popular better babies contests at the Indiana State Fair from 1920 to 1932. In the last section I return to the topic of sterilization, discussing the 1927 statute and its implementation at the Fort Wayne State School, where reproductive surgeries were performed on approximately 1,800 inmates from 1930 to 1960.

"THE KNIFE ONLY CAN REACH THEM"

In May 1909 Eddie Millard, an inmate at the Indiana State Prison, sent a statement of complaint to Governor Thomas R. Marshall describing his forced sterilization two years earlier at the hands of Dr. Harry C. Sharp, the medical superintendent of the Indiana Reformatory in Jeffersonville. According to Millard, after being convicted of petty larceny and sentenced to the reformatory in 1907, he was sent to the prison hospital where Sharp interrogated him with a "great many questions in regard to [his] past life." Based on this evaluation, Sharp told Millard that "'I think we will cut your cords.'" Millard bridled at this suggestion, informing Sharp that he "had not been convicted of any acts . . . that warranted such an operation necessary." Despite physically resisting Sharp in the operating room, Millard was sterilized "against [his] will, the cords of both testicles being clipped" in March 1908.[13] The following year Millard was transferred to the state prison, where he was granted writing privileges and penned his protestation to the Governor.

Millard's dramatic description of his forced vasectomy offers one of the few glimpses into how the "Indiana Plan," as Sharp dubbed the state's sterilization policy, affected inmates. Yet Millard was just one of the 119 men who underwent sterilization at the Indiana Reformatory during the fiscal year 1907-1908.[14] Moreover, Millard's operation was

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[12]Letter from Rev. Francis H. Gavisk, September 18, 1916, Folder 1, Box 2, Reports and Correspondence, Papers of the Committee on Mental Defectives (CMD), Board of State Charities (BSC), Indiana State Archives.

[13] "Statement of transferred prisoner, Eddie Millard, Register Number 3930," May 7, 1909, James D. Reid to Hon. Thomas R. Marshall, May 8, 1909, Folder 4, Box 86, Reformatory File, 1909-1913, Papers of Governor Thomas R. Marshall (TRM), Indiana State Archives.

[14]Angela Gugliotta, "'Dr. Sharp with his Little Knife': Therapeutic and Punitive Origins of Eugenic Vasectomy-Indiana, 1892-1921," *Journal of the History of Medicine,* 53 (October 1998), 371-406. At the time the average daily population at the Indiana Reformatory was 1,145, meaning that over 10 percent of inmates were sterilized in 1907-1908.

carried out under the provisions of Indiana's sterilization law, the first such legislation in the world. Sponsored by Dr. Horace G. Read, state legislator for Hamilton and Tipton Counties, and ardently endorsed by Sharp, Indiana Reformatory Superintendent W. H. Whittaker, and Indiana State Board of Health Secretary Dr. John N. Hurty, this bill passed by a moderate margin in the legislature and was signed into law on April 9, 1907, by Governor James Frank Hanly, an anti-vice crusader and hard-line prohibitionist.[15] Intended to stop the propagation of "confirmed criminals, idiots, imbeciles and rapists" the law obliged mental and penal institutions to appoint two surgeons (in addition to existing medical personnel), who, along with the superintendents, were empowered to sterilize inmates for whom "procreation is inadvisable and there is no probability of improvement of the mental condition."[16]

Even though this law was a watershed for the progress of eugenics in Indiana and the United States, it was not formulated *de novo*. Instead, it represented the legalistic culmination of at least two decades of steady development of ideas about criminality, degeneracy, hyper-sexuality, and the primacy of heredity in determining personality and familial traits. Starting in the late nineteenth century, influential Indianans including Hurty and Congregationalist minister Oscar McCulloch, began to express alarm over what they perceived to be a rapidly growing class of degenerate and diseased paupers. To understand this phenomenon they turned to eugenics, which distilled complex social, economic, and environmental issues into simplistic explanations of genetic inheritance. As Hurty told the Indianapolis Literary Club, "all social problems, which we have assiduously tried to solve by education, care, cure and relief, are fast becoming recognized to be biological problems."[17]

Through professional and civic networks, the eugenics crusade in Indiana began to coalesce in the early 1900s. Boosted by his reputation

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[15]On Sharp's and Whittaker's support of the sterilization law see *Indianapolis Morning Star*, March 7, 1907, p. 10. For an excellent political history of Indiana's sterilization laws see Jason Lantzer, "A Very Progressive Reform: Indiana in the Age of Eugenics," unpublished manuscript in author's possession. For a discussion of the politics of prohibition in Indiana and the United States see Lanzter, *"Prohibition is here to stay": The Rev. Edward S. Shumaker and the Rise and Fall of Dry Culture in America* (University of Notre Dame Press, forthcoming).

[16]Statute cited in Thurman B. Rice, *The Hoosier Health Officer: A Biography of Dr. John N. Hurty* (Indianapolis, 1946), 210.

[17]John N. Hurty, "The Passing of the Great Race," Folder 5, Box 1, Papers of John N. Hurty (JNH), Indiana State Archives.

as a nationally respected health leader, Hurty stood at the forefront of this burgeoning movement, regularly giving talks with titles such as "Making a Better Race" and "Morons" to local physicians and reformers.[18] His was a decidedly pessimistic perspective: since it was impossible to encourage the fit to reproduce at a rate fast enough to offset the unceasing propagation of the unfit, eugenicists needed to put a stop to "breeding from the worst."[19] Hurty took great pride in his state's aggressive efforts against "race deterioration" and often expounded on the virtues of the sterilization law as well as the eugenic marriage ban. He deemed sterilization a "higher hygiene, through which we can hope to better the race." Voicing an attitude widespread among American eugenicists, Hurty contended that social amelioration and instruction could never cure degenerates who had "no power, no force of mind, to withstand temptation," declaring "the knife only can reach them."[20] One of the reasons eugenics gained an early foothold in Indiana was because its influential spokesman Hurty saw little difference between public health and eugenics. From his perspective, both involved broad-based sanitary measures guided by the latest scientific discoveries and advances; both were undertaken for humanitarian purposes; and both strove to end the suffering of unfortunates and to maximize the overall health of the body politic.[21] Hurty praised his signature quarantine (1903), school sanitation (1911), and pure food and drug (1906) acts in the same breath as the marriage and sterilization laws.[22]

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[18]During the first two decades of the twentieth century preeminent medical authorities recognized Hurty's public health leadership. For example, in 1915, the American Medical Association ranked Indiana sixth in the country in terms of the effectiveness of its public health programs. That same year, a dinner acknowledging Hurty's many years of public health service attracted such prominent national figures as Victor C. Vaughan, Dean of the University of Michigan Medical School, and Dr. Alexander C. Craig, Secretary of the AMA. See James H. Madison, *Indiana through Tradition and Change: A History of the Hoosier State and Its People, 1920-1945* (Indianapolis, 1982), 309; and "Anniversary Dinner in Honor of Doctor John N. Hurty," Folder 18, Box 1, JNH.

[19]John N. Hurty, "Practical Eugenics in Indiana" (1911), Folder 22, Box 1, JNH.

[20]Harry C. Sharp, *Vasectomy: A Means of Preventing Defective Procreation* (Jeffersonville, Ind., 1909), 16.

[21] Martin S. Pernick, "Eugenics and Public Health in American History," *American Journal of Public Health,* 87 (November 1997), 1767-72.

[22]Rice, *The Hoosier Health Officer*; and Clifton J. Phillips, *Indiana in Transition: The Emergence of an Industrial Commonwealth, 1880-1920* (Indianapolis, 1968), chap. 12.

As Hurty was spreading the eugenic gospel throughout Indiana, his colleague Sharp was busy experimenting with sterilization as a therapy for troubled prisoners. At the outset Sharp was attracted to vasectomy (a procedure he helped to refine) as an alternative to castration that he believed could effectively treat onanism and sexual deviancy.[23] With this premise in mind, Sharp began to vasectomize inmates at the Indiana Reformatory in 1899, performing approximately 225 such operations *before* the sterilization law was passed in 1907.[24] Gradually Sharp moved away from seeing vasectomy primarily as a therapeutic measure and began to regard it as an eugenic intervention capable of improving the human race. Under the hereditarian spell and likely aware that observers might interpret the unwarranted vasectomy of inmates as unsavory at best, Sharp urged the legislature to pass a compulsory sterilization law. He believed this act simultaneously would save the state thousands of dollars by allowing for the release of treated inmates, thereby halting the transmission of "mental as well as physical defects" to their offspring.[25] In his 1909 pamphlet *Vasectomy*, Sharp enthusiastically reported that he had sterilized a total of 456 men from 1899 to 1909 and advocated the "Indiana Plan" in facilities beyond the state reformatory.[26]

Despite strong support in high places, Governor Thomas Marshall, who succeeded Hanly in 1909, was apprehensive about the statute and Sharp's vasectomies. Due in part to a handful of letters like Millard's that condemned the forceful tactics employed at the Indiana Reformatory, and in part to partisan one-upmanship, Marshall ordered a moratorium on sterilizations in state institutions in spring 1909.[27] This turn of events

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[23]Elof Axel Carlson perceptively makes this point in *The Unfit: A History of a Bad Idea* (Cold Spring Harbor, N. Y., 2001).

[24]It is very difficult to determine precisely how many operations Sharp performed between 1899 and 1907. However, in *The Sterilization of Degenerates* (Jeffersonville, Ind., 1909), p. 7, Sharp wrote that between 1899 and 1908 he performed 236 operations. Based on the analysis of the Indiana Reformatory minute books completed by Vicki Casteel, archivist at the Indiana State Archives, and on the *Annual Report of the Board of Trustees of the Indiana Reformatory for the Year Ending September 30, 1906* (Jeffersonville, Ind, 1906), Sharp performed 206 sterilizations between 1899 and 1906 and an additional 21 sterilizations between 1906 and 1907. Thus, the numbers of sterilizations performed by Sharp at the Indiana Reformatory between 1899 and the passage of the 1907 sterilization can be safely estimated at about 225.

[25]Sharp, *Vasectomy*, 2-3.

[26]Ibid., 9.

[27]Correspondence Folder, TRM; Gugliotta, "'Dr. Sharp with his Little Knife', 371-406; Carlson, *The Unfit*, 207-22.

frustrated but did not dissuade Sharp or Hurty, who told a colleague that Marshall was "a good man in every respect, but he has not yet been brought around to our advanced ideas."[28]

Much to Hurty's chagrin, neither Marshall nor his immediate successors were brought around. As more and more of the sterilization laws passed in American states came under legal scrutiny in the 1910s and were rendered unconstitutional for various reasons, Indiana's governors became wary of countenancing an act that contained virtually no protections for patients or inmates.[29] Given this nebulous state of affairs, Governor James Goodrich decided in 1919 that the time had come to have "the constitutionality of the law tested" in order to determine its legality and applicability.[30] He appointed the Jeffersonville city attorney to defend Warren Wallace Smith, convicted of rape and incest, against a sterilization order approved by the Indiana Reformatory's board of trustees.[31] After a decision for Smith in the Clark Circuit Court, Dr. Charles F. Williams, chief physician of the Indiana Reformatory, appealed to the Indiana Supreme Court, which in turn upheld the lower court's decision in 1921. Additionally, the high court clarified that the sterilization law violated both the state constitution and the U.S. Constitution, specifically the latter's Fourteenth Amendment, by depriving Smith of "life, liberty and property without due process of law" and of "equal protection of the laws." This decision also stated "while vasectomy is physically less severe than castration, in its results it is much the coarser and more vulgar, and is equally cruel and inhuman."[32]

In an ironic twist, the state that had passed the world's first eugenic sterilization law scarcely implemented it for almost two decades. Indiana's 1907 sterilization law faltered because of its inchoate wording, Sharp's imprudence, and the reluctance of governors cognizant that

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[28]John N. Hurty to George W. Way, July 19, 1909, Hurty Letterbooks, JNH.

[29]Lantzer, "A Very Progressive Reform"; Philip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore, Md., 1991); Harry H. Laughlin, *Eugenical Sterilization in the United States* (Chicago, 1922).

[30]George A. H. Shideler to Governor J. P. Goodrich, September 9, 1909, Folder 2, Box 159, Indiana Reformatory Correspondence, Documents and Reports, Papers of Governor James Goodrich (JG), Indiana State Archives.

[31]Memorandum dated September 9, 1919, ibid.

[32]*Williams v. Smith*, No. 23,709. State of Indiana in the Supreme Court, Brief of Appellee, 4-5; *Smith v. Williams*, No. 12,106. Appeal from the Clark Circuit Court to the Supreme Court of Indiana, SF; "Eugenic Sterilization in Indiana," *Indiana Law Journal,* 38 (Spring 1963), 275-89.

analogous statutes were being struck down around the country. Court rulings demonstrated that sterilization acts that could be construed as punitive rather than eugenic or preventive in intent and outcome frequently did not pass muster against constitutional jurisprudence. To a great extent, Indiana's statute was no more than a legislative postscript for an ambiguous sterilization campaign already well underway. Insofar as it provided no recourse for targeted inmates and was put into practice exclusively in one state prison, this law smacked too much of punishment and too little of public health, an oversight apparently lost on Hurty. When a new cohort of legislators ratified a revamped act in 1927, they had learned what pitfalls and problematic terminology to avoid. In the meantime, Indiana's sterilization hiatus served as a fertile period for the development of other, no less important, facets of Hoosier eugenics.

BEWARE THE KENTUCKY HILL-FOLK

Who were the ever-multiplying degenerates that so preoccupied Indiana eugenicists? As scholars of disability and education have shown, some were people who today would be considered mentally retarded or developmentally disabled.[33] Others were mentally ill individuals diagnosed with conditions that psychiatrists considered organic or hereditary in origin.[34] Many more, however, were poor and disenfranchised Hoosiers marginalized by the processes of industrialization, urbanization, and modernization that transformed the state from 1880 to 1940.

From the late nineteenth to the early twentieth century, Indiana underwent far-reaching changes on many levels. First, the population rose dramatically, jumping from just under 2 million in 1880 to nearly 3 million by 1920.[35] Second, the state's rural counties experienced considerable population decline starting in 1910. Whereas 65.7 percent of Hoosiers lived in rural areas in 1900, by 1930 this percentage had fallen

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[33]Noll and Trent, eds., *Mental Retardation in America*; Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley, Calif., 1994). On Indiana see Robert L. Osgood, "From 'Public Liabilities' to 'Public Assets': Special Education for Children with Mental Retardation for Children with Mental Retardation in Indiana Public Schools, 1908-1931," *Indiana Magazine of History*, 98 (September 2002), 203-25.

[34]Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca, N. Y., 1997); Joel Braslow, *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century* (Berkeley, Calif., 1997).

[35]Madison, *Indiana through Tradition and Change*, 21; Phillips, *Indiana in Transition*, 363.

to 44.5.[36] This shift was made evident in higher population concentrations in the principal cities of Fort Wayne, Evansville, South Bend, and most importantly, the capital Indianapolis, which claimed over 10 percent of the entire state population by 1920.[37] Third, Indiana's economic mainstay of agriculture was undergoing major changes, as mechanized power, crop diversity, growing livestock production, and value-added commercialization gradually supplanted the frontier farming associated with subsistence, horse, and manpower inputs. As in the domain of health, agriculture was altered by the rising authority of scientific methods and standards, which farmers often learned through extension programs and traveling agricultural agents.[38] Fourth, an outspreading transportation network of railways, interurbans, and roads was reconfiguring the landscape, as was the arrival of running water, sewage, electricity, and telephones. Finally, this was also the time of a "great awakening in education," when a modern public school system was established and attendance for all children aged eight to fourteen was made mandatory. For example, from 1900 to 1920 the number of high school students climbed from 35,246 to 78,849, giving Indiana the fourth-highest proportion of enrollees in the nation.[39] While these changes brought greater wealth and occupational opportunities to many Hoosiers, they also unleashed societal dislocations that exacerbated class divisions and the cultural gaps between the literate and illiterate, schooled and unschooled.

Both Indiana's inaugural charter of 1816 and the state's revised charter of 1851 had guaranteed liberal provisions for the protection of the vulnerable and disenfranchised.[40] The founding constitution explicitly pledged a penal code based "on the principles of reformation and not of vindictive justice" and the creation of a system of care, education, and treatment for the poor, aged, and infirm.[41] The 1851 constitution

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[36]Madison, *Indiana through Tradition and Change*, 20-21.

[37]Philips, *Indiana in Transition*, 366-67.

[38]Ibid., chap. 4.

[39]Ibid., 395.

[40]Amos W. Butler, *Indiana: A Century of Progress, A Study of the Development of Public Charities and Corrections, 1790-1915* (Jeffersonville, Ind., 1916); and David J. Bodenhamer and Hon. Randall T. Shepard, eds., *The History of Indiana Law* (Athens, Ohio, 2006).

[41]Butler, *Indiana: A Century of Progress*, 1.

expanded this to include the deaf, blind, insane, and juvenile offenders.[42] This basic commitment to welfare and benevolence laid the parameters for the formation in 1889 of the Board of State Charities (BSC), which was charged with overseeing a growing constellation of facilities for the insane, orphans, convicts, feebleminded, and troubled children.[43]

The BSC was the brainchild of Oscar McCulloch, who encapsulated his fears of degenerates overrunning Indiana in *The Tribe of Ishmael*, a family study that equated the proliferating depraved clan of the "Ishmaelites" with the Sacculina, a crab parasite.[44] Such an ideological underpinning primed the BSC to rely chiefly on hereditarian principles to interpret the heightened visibility of those Hoosiers left behind by modernization. In particular, Amos W. Butler, the BSC's secretary from 1898 to 1923, turned to eugenic theories to grasp and resolve the state's accelerating rate of "pauperism, degeneracy and crime."[45] Butler was a Progressive reformer whose training as a zoologist prepared him to apply scientific research to social welfare.[46] In 1915, with Governor Samuel Ralston's blessing, he created the Committee on Mental Defectives (CMD), recruiting "eight prominent citizens" to establish the committee's mission and goals.[47] In consultation with national figures in mental hygiene, they settled on a rigorous and objective study of "mental defectives—including the epileptic, feeble-minded and insane" and an assessment of "what is being done for them here and elsewhere."[48] For eugenic expertise, Butler contacted the Eugenics Record Office

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[42]Ibid.

[43]Ibid., 41.

[44]Oscar McCulloch, *The Tribe of Ishmael: A Study in Social Degradation* (Indianapolis, 1888); and Stephen Ray Hall, "Oscar McCulloch and Indiana Eugenics" (Ph.D. diss., School of Education, Virginia Commonwealth University, 1993).

[45]Amos W. Butler to Dr. Oliver, September 21, 1917, Folder 11, Box 1, Correspondence and Reports, CMD, SBC.

[46]See Robert L. Osgood, "The Menace of the Feebleminded: George Bliss, Amos Butler, and the Indiana Committee on Mental Defectives," *Indiana Magazine of History,* 97 (December 2001), 253-77.

[47]The eight selected were the chairman of the BSC's Committee on Hospitals for the Insane, two superintendents of state insane hospitals, the dean of the Indiana University School of Medicine, the superintendent of the Village of Epileptics, a state senator, and a state representative.

[48]Amos W. Butler to Dr. Oliver, September 21, 1917, Folder 11, Box 1, Correspondence and Reports, CMD, SBC.

which, after some negotiation, "loaned" him Arthur H. Estabrook (the author of an updated version of the classic *The Jukes*) and provided several graduates of its summer training school.[49] Before long CMD researchers set off to locate mental defectives in institutions, schools, and the general population, many of whom had been identified by local physicians, wardens, lawyers, teachers, and civic leaders.

The CMD's labors from 1916 to 1922 resulted in three reports and the calculation that 2.1 percent of Hoosiers were mental defectives.[50] While the first two reports compared mental defectiveness in ten counties, the third devoted much of its space to mental surveys conducted in schools, orphanages, and the Marion County courts.[51] Each report echoed a refrain common among American eugenicists, that of the three types of defectives—epileptic, insane, and feebleminded—without a doubt the latter posed the gravest threat. Unlike the more easily recognized and interned epileptics and insane, the feebleminded were scattered "everywhere, in town and city and country" and produced "more pauperism, degeneracy and crime than any other one force."[52] Of particular concern were morons, the highest grade of feebleminded. While their lesser counterparts, idiots and imbeciles, were sufficiently retarded to warrant permanent institutionalization, morons represented a trickier challenge because they could function in society: "the morons are more nearly like the rest of us—they may even appear normal."[53] According to

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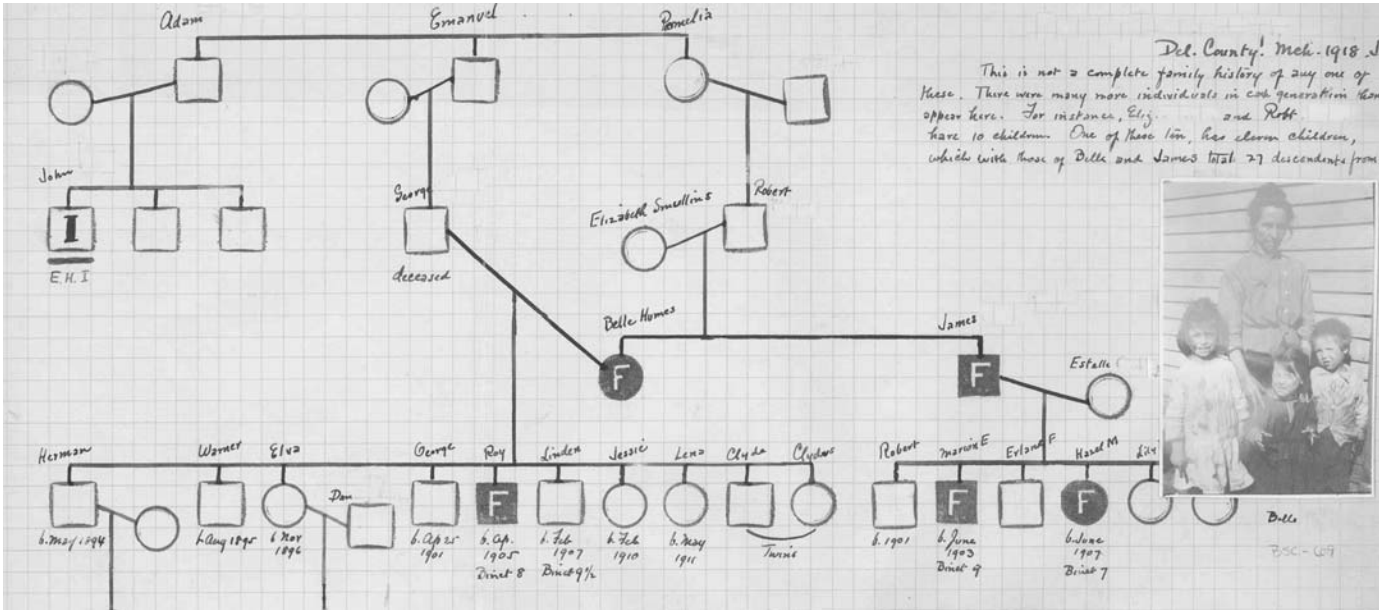
[49]Initial agreement detailed in Arthur H. Estabrook to Amos W. Butler, April 28, 1916, Folder 33, Box 1, Correspondence and Reports, CMD, SBC; Estabrook, *The Jukes in 1915* (Washington, D.C., 1916). Estabrook also updated McCulloch's *The Tribe of Ishmael*, which he retooled with more overt eugenic language and presented at the Second International Congress of Eugenics held in New York in 1921. See Estabrook, "The Tribe of Ishmael," in *Eugenics, Genetics and the Family: Scientific Papers of the Second International Congress of Eugenics* (Baltimore, Md., 1923), 398-404.

[50]*Mental Defectives in Indiana, Second Report of the Indiana Committee of Mental Defectives* (Indianapolis, 1919), 56.

[51]Also see *Mental Defectives in Indiana, Report of the Committee on Mental Defectives appointed by Governor Samuel M. Ralston* (Indianapolis, 1916); *Mental Defectives in Indiana, Third Report of the Indiana Committee of Mental Defectives* (Indianapolis, 1922).

[52]"Mental Defectives in Indiana. Need of a Program," Folder: Overall Survey Results, Misc. Records, Box 2, Correspondence and Records, CMD, SBC.

[53]Although the term "feebleminded" emerged in the late 1800s, by the 1910s it had gained great currency among eugenicists as a catch-all category for those persons in a "state of permanently arrested mental development at any level below that of adult intelligence." Like other researchers around the country at the time, CMD investigators subdivided the feebleminded into three groups: the high grade or moron, with a 8-12 year old development; the medium



A 1918 pedigree chart of a Hoosier family

Field workers for the Committee on Mental Defectives kept these charts on families they had visited. Individuals designated with an "I" were judged insane; those with an "F," feebleminded.

Courtesy of the Indiana State Archives

the CMD, morons were an insidious menace because their ability to pass, coupled with an inborn lack of inhibition and self-control, enabled them to propagate their defective heredity at rates up to 2.4 times those of normal people.

The CMD was one of many agencies around the country that fostered the detection of mentally disabled children in the school system and instituted special education programs. Nonetheless, in retrospect, the CMD's survey corpus contains some of the most disturbing examples of Hoosier eugenics. The CMD dispatched field workers to the eleven counties profiled in the official reports and to at least a dozen more. Many of the researchers were professional women who fancied themselves selfless scientific missionaries and arrived at their destinations armed with the eugenic tools of the day: cameras, pedigree charts, hereditary nomenclature, and a reliable formula for chronicling family lineages in an abridged yet melodramatic form.[54] The hundreds of family studies gathered by the CMD offer a window onto the devastating social effects and human costs of rural poverty, job scarcity, and haphazard educational access. Strung together, the studies can also be read as a meta-narrative of the anxieties about contamination, disorder, and out-of-control bodies that so engrossed eugenicists and of how they sought to manage these dangers through technical classification, deductive method, and what amounted to derisive caricature.

Each study revolved around a Patient Zero from whom the sprawling defective family tree was traced, frequently back four or more generations. Although these corrupted pedigrees were usually identified by surname, some researchers colorfully labeled them: "Lily Green Schew and her Five Husbands," "The Dirty Dozen," and "A Bed Accommodating Six." Employing the pedigree charting they had mastered at the Eugenics Record Office, most field workers complemented their narratives with a genetic family tree that featured squares for men, circles for women, and letters to designate undesirable traits or "unit

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grade or imbecile, with a 3-7 year old development; and the low grade or idiot, with the development of a baby or toddler. Mental age was determined using a variety of methods, from a subjective eyeball assessment to the administration of intelligence tests. *Mental Defectives in Indiana* (1916), 3-4; *Mental Defectives in Indiana* (1919), 12.

[54]For a superb analysis see Nicole Hahn Rafter, *White Trash: The Eugenic Family Studies, 1877-1919* (Boston, 1988); on women as field workers see Amy Sue Bix, "Experiences and Voices of Eugenics Field-Workers: 'Women's Work' in Biology," *Social Studies of Science*, 27 (August 1997), 625-68.

characters" such as "E" for epileptic, "W" for wanderer, "A" for alcoholic, "I" for insane, and "F" for feebleminded.[55] In addition to the psychological monikers of the era, the narratives were peppered with derogatory adjectives—ignorant, dirty, unkempt, coarse, dull, grotesque, morose, irresponsible, queer, unstable, lazy, awkward, bewildered, and many more—that constructed the specter of a small but highly dangerous segment who lived on the periphery of society but imperiled the center through reckless breeding, physical and mental abnormalities, costly custodial care, and unhygienic customs.[56]

Indeed, one of the studies' most pervasive themes was that mental defectives inhabited a marginal topography of edges, riverbeds, and undomesticated wild lands either unsuited for or unexploited by rational agricultural cultivation. Consider, for instance, the peregrinations of Hazel Hansford, who surveyed one of the counties discussed in the CMD's second report. To find the "Lookout Ridge Population" she had to cross "the roughest of slippery, gullied mud roads"; to reach the "Ripple Creek Group" traverse an area with the "wild, unsettled appearance of a district 20 miles from civilization"; and to arrive at "The Three Moffit Invalids" bushwhack through "a tangle of brush, weeds, and forest" to ramshackle homes "well hidden from the road."[57] Edna Jatho, a prolific field worker who often accompanied Estabrook, described how she spent nearly one year wandering highways and towns scouting for mental defectives who inevitably resided "in the woods about the lakes and in the isolation of river bottoms."[58]

The CMD identified the vast majority of these borderline Hoosiers as native-born whites. This might be expected in a state with the highest percentage of native-born whites (92.1 percent) in the nation in 1920.[59] To some extent, Indiana eugenicists applied a logic of racial degeneracy and difference to those they viewed as atavistic, diseased, and incapable of improvement or redemption. Like East Coast eugenicists who target-

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[55]"The Heredity Registration," Baumbarger File, Box 3, County Surveys, CMD, BSC.

[56]Adjectives extracted from files in Boxes 1, 3, and 6, County Surveys, CMD, BSC.

[57]Hazel Irene Hansford, "A Social Study of Mental Defectives in County H., Indiana, in 1918," *Indiana University Studies* 10 (1923), Study No. 59, quotes from 23, 60, 72.

[58]Edna R. Jatho, "Feeblemindedness—The Problem—Conditions in Indiana," Edna Jatho Folder, Miscellaneous Reports, Box 2, Reports and Correspondence, CMD, BSC.

[59]Philips, *Indiana in Transition*, 369-70. The 1920 census counted 5 percent of Hoosiers as foreign-born and just below 3 percent as African American.

ed Italian and Polish immigrants and West Coast eugenicists who demonized Mexican and Chinese immigrants, Hoosier eugenicists branded destitute white southerners as the state's most serious biological hazard.[60] Yet Indiana's experience also suggests that histories of American eugenics, which tend to equate the crusade against mental defectiveness with anti-immigrant sentiment and scientific racism, have underplayed the role of eugenics in policing class boundaries among whites.[61] In racially homogenous Indiana, eugenicists demarcated difference by dividing northerner from southerner, employed from unemployed, financially independent from dependent on state resources, schooled from unschooled, sound from unsound, and ordered from disordered.

For example, Hansford categorized the "Lookout Ridge Population" as "poor white trash of the South" and Estabrook noted that one of the most degraded districts was precisely where the "migration of Kentucky 'poor whites'" had been heavy in recent years. The family study "Kentucky Hill-Folk in Indiana" documented the pitiful conditions of 12 siblings festering in "poverty and filthy confusion."[62] This negative judgment was sharply aimed at southerly tri-state Switzerland County where "old families 'gone to seed'" were worsened by a "steady influx of 'poor whites' from Kentucky and Tennessee."[63] The CMD reported that the highest proportion of mental defectives in state institutions hailed from Switzerland County and bemoaned the biological and economic costs of its denizens.[64] One researcher wrote that the breeding of Switzerland's Beatty-Calvert family "should have been cut off many years ago," another that the "Shannon" clan "should be prevented from reproduction of their own low grade of mentality," and another that Virgil Simpson had "cost the State of Indiana $4,075.00, in actual money, in costs of arrests, trials, and poor asylum, insane hospital and prison care."[65]

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[60]See, for example, Stern, *Eugenic Nation*; and Alan M. Kraut, *Silent Travelers: Germs, Genes, and the "Immigrant Menace"* (New York, 1994).

[61]Similar class policing occurred in parts of the South. See Edward J. Larson, *Sex, Race, and Science: Eugenics in the Deep South* (Baltimore, Md., 1995).

[62]Hansford, "A Social Study of Mental Defectives," 23; Estabrook, "The Work of the Indiana Committee"; "Kentucky Hill-Folk in Indiana," Box 1, County Surveys, CMD, BSC.

[63]"'C' County," Box 6, County Surveys, CMD, BSC.

[64]*Mental Defectives in Indiana* (1919), 16.

[65]See "Beatty-Calvert," "Shannon," and "Virgil Simpson," Box 6, County Surveys, CMD, BSC.

Dr. Ada Schweitzer with Better Babies contestants at the 1929 Indiana State Fair
Courtesy of the Indiana State Archives

Notwithstanding these pronouncements in the field reports, in official documents Butler and the CMD recommended that feeblemindedness be combated with long-term segregation rather than sterilization, even though such sentiments stood at odds with the laments about the public expense of years, if not decades, of institutionalization. The CMD never had the chance to resolve this contradiction. Despite a spirited lobbying effort, the legislature and a new governor were not persuaded to renew the CMD's appropriation and the committee's last meeting occurred in November 1924.[66] Nevertheless, as the CMD's work was coming to a close, a different permutation of Hoosier eugenics, involving not the mentally defective but the potentially perfectible, was gaining ground under the aegis of the Division of Infant and Child Hygiene.

[66]Osgood, "The Menace of the Feebleminded," 276.

BREEDING BETTER BABIES

Following in the footsteps of her mentor Hurty, Dr. Ada E. Schweitzer, a loyal employee of the Indiana State Board of Health (ISBH), put the intertwined tenets of public health and human betterment into action at the Indiana State Fair. For 12 years she orchestrated one of the most popular attractions on the fairgrounds: the better babies contest.[67] First hired by Hurty in 1906 to serve as assistant bacteriologist at the state laboratory, Schweitzer worked her way up the ranks at the ISBH by carving out a niche in maternal and infant hygiene. Initially focused on pediatric infectious diseases, in the 1910s Schweitzer broadened her intellectual scope, becoming versed in the evolving specialty of children's health. She collaborated on several projects with the United States Children's Bureau, realized a survey of infant mortality in Gary, and chaired the Indiana branch of the American Association for the Study and Prevention of Infant Mortality. When Hurty received word in 1919 that the legislature at last had approved his request to launch the Division of Infant and Child Hygiene (DICH) and earmarked $10,000 in start-up funds, he immediately contacted Schweitzer, who gladly consented to head up the new division.

For 14 years, until she was ousted from the DICH in a political shake-up in 1933, Schweitzer diligently worked to lower infant and maternal death rates and to convince Indianans of the importance of scientific motherhood and child rearing. She lectured to hundreds of neighborhood and civic groups, wrote voluminous articles and poems, and assessed the physical condition of babies in every one of the state's 92 counties. In addition, Schweitzer organized mothers' classes in which she taught pregnant women the fundamentals of prenatal and baby care. In 1925, 16,649 women took these classes.[68] The following year, the division's operating funds reached $60,000, largely due to the federal Sheppard-Towner Act, passed in 1921, which provided states with matching funds for infant and mental welfare.[69] During its height the

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[67]For a longer discussion see Alexandra Minna Stern, "Better Babies Contests at the Indiana State Fair: Child Health, Scientific Motherhood, and Eugenics in the Midwest, 1920-35," in *Formative Years: Children's Health in the United States, 1880-2000*, eds. Stern and Howard Markel (Ann Arbor, Mich., 2004), 121-52.

[68]"Indiana's Work under the Maternity and Infancy Law during 1925," *Monthly Bulletin of the ISBH*, 29 (1926), 136-38.

[69]Richard A. Meckel, *Save the Babies: American Public Health Reform and the Prevention of Infant Mortality, 1850-1929* (Ann Arbor, Mich., 1998).

division counted 20 full-time and temporary employees. By 1929, it had examined 77,584 children, registered 55,171 mothers in instructional classes, shown health films to 606,364 viewers, and distributed 1,216,577 pamphlets.[70]

Schweitzer delivered a two-pronged message of better babies through improved rearing and superior breeding. Like Hurty, Schweitzer viewed public health and human betterment as overlapping endeavors that strove to build up "a sturdy and efficient race."[71] Schweitzer strongly backed the right of the state to restrict procreation and marriage, an opinion she aired in person and in print. She implored Hoosiers to reproduce responsibly and with the ideals of fitness in mind, maintaining that the "gates of heredity" irrevocably closed after the baby left the womb. From that moment on the "training and perfection of Indiana's greatest resource—the baby" rested in the hands of parents, who could greatly enhance their children's health and constitution.[72] Nevertheless, Schweitzer expected her constituents to be realistic about what they could accomplish with their kith and kin. Responding to a letter from a Muncie reformer who wanted to hold a "Better Babies" week in her town, Schweitzer soberly advised "it is certainly true we cannot make a silk purse out of a sow's ear, neither can we make a citizen out of an idiot or any person who is not well born."[73]

Schweitzer's philosophy was well-suited to 1920s Indiana. Her babies contests made sense to Hoosiers because they mobilized concepts of better stock that were familiar to farmers, many of whom belonged to a growing roster of breeders' associations and raised purebred hogs, cattle, and sheep.[74] As Schweitzer explained in a 1926 review of the contests' many accomplishments, "the progressive farmer who had insisted on healthy well bred animals and who had carefully fed balanced

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[70]"A Survey of Ten Years' Child Hygiene Work in Indiana," *Monthly Bulletin of the ISBH*, 32 (1929), 173-74.

[71]Ada E. Schweitzer, "The Menace of the Mental Defective to Public Health," presented at 1917 Indiana Conference on Mental Health, Folder 8, Box 1, Papers of the Indiana Society for Mental Hygiene (ISMH), BSC.

[72]Ada E. Schweitzer, "Indiana Better Babies," Better Babies Publicity 1926 Folder, Division of Infant and Child Hygiene (DICH), Indiana State Archives. These papers are being re-catalogued and it is possible that this folder name is no longer valid.

[73]Ada E. Schweitzer to Mr. George B. Lockwood, March 20, 1916, DICH.

[74]Phillips, *Indiana in Transition*, 166-67.

rations, began to see that the integrity and health of the human family depended on the same general principles."[75] With its long tradition of championship ribbons, the State Fair was the ideal venue for the contests.[76] More broadly, the underlying prejudices of the contests, which excluded African American and immigrant infants and tacitly endorsed the cult of native-born white superiority, resonated in a state where one-quarter to one-third of all Hoosiers belonged to the Ku Klux Klan in the 1920s.[77] An organization concerned to promote its version of the wholesome 100% American family, the Ku Klux Klan launched morality crusades and anti-vice campaigns and sometimes carried out violence against its perceived enemies, who included blacks, Jews, Catholics, adulterers, bootleggers, and anyone else who threatened purity and chastity. In part because of the centrality of the family to the Klan, women played an integral part in the "Invisible Empire," championing the virtues of motherhood and traditional notions of masculinity and femininity.[78] Indeed, Elizabeth Tyler, who helped to resurrect the Klan in the late 1910s, started her career in the social hygiene movement, by visiting tenement homes in the South to teach mothers about "better babies" and scientific child rearing.[79] While there is no evidence that Schweitzer was a member of the Klan, the attraction of the better babies contests to hundreds of thousands of ordinary Hoosiers, especially women, cannot be understood outside the racial, social, and political context of the decade.

Putting the principles of scientific management to work, Schweitzer ran the crowded and popular contests like an efficient assembly line. Before the event, infants were separated into groups based on age (12-24 months or 24-36 months), sex, and place of residence. Those categorized as city babies lived in places with 10,000 inhabitants or more, and those remaining were rural entrants. Once their children were registered, par-

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[75]Ada E. Schweitzer, "Indiana Better Babies," September 1926, DICH.

[76]Paul Miner, *Indiana's Best! An Illustrated Celebration of the Indiana State Fairgrounds, 1852-1992* (Indianapolis, 1992).

[77]Leonard J. Moore, *Citizen Klansmen: The Ku Klux Klan in Indiana, 1921-1928* (Chapel Hill, N. C., 1991), 7.

[78]Kathleen M. Blee, *Women of the Klan: Racism and Gender in the 1920s* (Berkeley, Calif., 1991); and Nancy MacLean, *Behind the Mask of Chivalry: The Making of the Second Ku Klux Klan* (New York, 1994).

[79]Blee, *Women of the Klan*, 20.

STANDARD SCORE CARD FOR BABIES

ISSUED BY

THE AMERICAN MEDICAL ASSOCIATION

Total score .....
Entry No. .....

Name ..... Address .....
Male ..... } Class } City ..... Age in months .....
Female ..... } Class } Town ..... Age division .....
..... } Class } Rural .....

Weight at birth.....Lbs. .....Oz.
Condition at birth: Strong..... Feeble.....
No. of child of mother: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10th child.....
Breast fed..... How many months.....
Bottle and breast fed..... How many months.....
Bottle fed..... How many months.....
What foods .....
Kinds of food at present.....
No. of feedings in 24 hours.....
Ounces of food at each feeding.....
Examination held at..... By.....

Father's name .....
Address ..... Age.....
Nationality .....
Occupation .....
Mother's maiden name .....
Nationality ..... Age.....
Has birth been registered .....
Where .....
If not, why .....
Baby sleeps alone .....
If not, with whom .....
Sleeps in open air..... Day..... Night.....
Windows open, how many .....
..... Date.....

I—MENTAL DEVELOPMENT

PERFECT SCORE FOR ALL AGES, 20

		Units	Tenths
ALL AGES	Attention, facial expression, irritability and disposition should be considered during the examination and included in the total marking with a valuation of (5.)....		
SIX MONTHS	Child sits unsupported for a few minutes (2.).... Balances head (2.).... Eye follows a bright object (4.).... Looks in direction of an unexpected sound (4.).... Child seizes an object and holds it (3.).... - - - - - - - - -		
TWELVE MONTHS	Stands and walks with support (4.).... Makes a few sounds, such as mam-mam, da-da, co-oo (3.).... Plays with toys (3.).... Attempts to use paper and pencil (2.).... Shows interest in pictures (3.).... - - - - - - - - - -		
EIGHTEEN MONTHS	Child walks and runs alone (4.).... Says a few words, such as Mama, Papa, Baby (4.).... Points to common objects in pictures (4.).... Imitates a few simple movements, such as placing hands on head or clapping hands (3.).... -		
TWO YEARS	Runs (3.).... Repeats two or three words (4.).... Knows features (3.).... Obeys simple commands, such as "Throw me the ball" (3.).... Imitates movements (2.).... - - - - - - - - - - - - -		
TWO AND ONE-HALF YEARS	Talks in short sentences (4.).... Knows names of members of the family (2.).... Roughly copies a circle (3.).... Recognizes self in mirror (3.).... Imitates more complex movements (3.).... - - - - - - - - - - -		
THREE YEARS	Talks distinctly (3.).... Repeats sentences of six simple words (4.).... Repeats two numerals as 7–2 (3.).... Knows name (2.).... Enumerates objects in a complex picture and attempts to describe it (3.).... - - - - - - - -		
FOUR YEARS	Knows its sex (3.).... Names familiar objects, such as key, knife, etc. (3.).... Repeats three numerals (3.).... Compares two sticks (can select the longer) (3.).... Distinguishes the longer of two lines (3.).... - - - - - - - - -		
FIVE YEARS	Compares weights and lengths (3.).... Copies a square (3.).... Counts four pennies (3.).... Describes a picture (3.)....Repeats 10 syllables (3.).... -		

Examiner.....
Mental score.....
Score brought forward from reverse page.....
Total score.....

Indiana State Fair Better Baby contest scorecard

The contest's eugenically based standards were developed from middle-class white children, with predictable results.

Courtesy of the Indiana State Archives

ents—usually mothers—came to the contest building at a designated time. As the mothers entered the building they handed their enrollment form to an attendant, who recorded their names. Then the baby was whisked to the next booth, where its overall health history was taken by a nurse. Mental tests designed for each age group followed, as psychologists observed if infants could stand, walk, speak, how they manipulated blocks and balls, and responded to questions such as "How does the doggie do?" and "Who is the baby in the mirror?"[80] Mental tests completed, the babies were then undressed and their clothes placed in a paper bag and tagged. Identically robed in shaker flannel togas, each toddler was now weighed and measured. From here the baby was examined by an optometrist, a pediatrician, and an otolaryngologist, then weighed and measured a second time, and lastly, presented with a bronze medal on a blue ribbon, courtesy of the *Indianapolis News*. Scores were calculated along the way. Starting with 1000, points were subtracted for an array of physical defects including unevenness of the head, scaly skin, ill deportment, delayed teething, abnormal ear size or shape, or enlarged glands. Slow reactions to the mental tests or perceived lack of muscular coordination lowered a child's score, as did deviations from the national standards for height and weight (based on age) and weight-to-height ratio. Tabulated results from the contests indicate that Schweitzer instructed her team to deduct mere fractions for each defect, most likely to maintain results near 1000 for every baby and thereby dilute any competitive antagonism among the parents. The best baby generally scored over 990, such as Alma Louise Strohmeyer, the one-year-old Indianapolis girl who triumphed with 999.92813 points in 1923.[81]

Although held for a relatively short span of time, the better babies contests, and more broadly, the work of the DICH, coincided with improving health indicators for Hoosier children. For example, in keeping with national trends, Indiana's infant mortality dropped by one-third during the contest decade, from 8.2 percent in 1920 to 5.7 percent in 1930.[82] According to Schweitzer, the DICH's work helped to decrease the

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[80]"Proud Relatives Watch Better Babies Examined at Fair," *Indianapolis News*, September 5, 1927, p. 17; "Mothers and Babies on Hand Early at State Fair Contest," *Indianapolis News*, September 3, 1923, p. 1.

[81]"Alma Louise Strohmeyer Best Baby Entered in State Contest," *Indianapolis News*, September 10, 1923, p. 1.

[82]Madison, *Indiana through Tradition and Change*, 322.

percentage of underweight babies entered into the contests a noteworthy 8 percent from 1920 to 1929.[83] Yet many of the Hoosiers who profited from the DICH's campaigns already occupied a fairly privileged place, far removed from the impecunious and disheveled universe of the "mental defectives." The contests rewarded those with the time and resources to take part in this alluring annual event. Furthermore, they prized soap-scrubbed cleanliness, unblemished skin, and well-proportioned physiognomy. Inevitably, the infants who most closely conformed to the norms embedded in the scorecards—derived from white, middle-class newborns and toddlers—triumphed.[84] Finally, despite the veneer of egalitarian fair play, the contests reflected and reinforced deep-seated racial and class exclusions and accentuated the disquieting fact that only plump white babies could achieve perfection and symbolize the Hoosier state.

FOR THE WELFARE OF THE INDIVIDUAL AND SOCIETY

Q: Do you want that operation performed?
A: No.
Q: Do you want to go home?
A: Yes.
Q: Would you like to have this operation so you can go home?
A: Yes, I'll take anything to get home.

This exchange transpired between a 28-year-old female inmate and the superintendent of the Fort Wayne State School at the board of trustees' monthly meeting in May 1943.[85] Almost certainly, this woman's conditional consent resulted in her sterilization within 30 days, followed by her placement on furlough with a relative or in a menial domestic job. Given the spottiness of case files housed in the Indiana State Archives and the strict confidentiality guidelines for patient records mandated by the 1996 federal Health Insurance Portability and Accountability Act (HIPAA), it is unlikely that we will ever learn more

[83]Schweitzer, "Better and Better Babies," DICH.

[84]See Jeffrey P. Brosco, "Weight Charts and Well Child Care: When the Pediatrician became the Expert in Child Health," in *Formative Years*, eds. Stern and Markel, 91-120.

[85]Minutes of May 4, 1943, Fort Wayne State School, Board of Trustees, Minutes, 1931-1947, Indiana State Archives.

about this young woman—what led to her commitment, how long she spent in Fort Wayne before her sterilization hearing, and how she fared upon release. Nevertheless, extant sources, including meeting minutes, annual reports, clinical studies, and a smattering of patient files, can illuminate the experiences of Hoosiers held at the two state institutions for the feebleminded—the Fort Wayne State School (founded 1879) and the Muscatatuck Colony (founded 1920)—during the middle decades of the twentieth century.

Between 1927 and 1974 approximately 2,000 inmates in Indiana's state institutions for the feebleminded, insane, epileptic, and delinquent were sterilized.[86] The vast majority of these operations, about 1,800, were performed at Fort Wayne, and the remainder, in decreasing order, at the Muscatatuck Colony, the Logansport State Hospital for the insane, and the Indiana Girls' School. The statutory basis for these operations was the 1927 sterilization act and several subsequent amendments that Indiana legislators designed carefully to preclude the censure that doomed the 1907 law.

In the 1920s eugenics was thriving in the Hoosier heartland. At the decade's outset the CMD was preparing its third report and at its close the better babies contests were so much the rage that entrants had to be turned away. In 1928 the Indiana State Committee of the American Eugenics Society counted over one dozen members, including many of the superintendents of state institutions as well as Butler, Rice, and

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[86]I derived the figure of 2,000 by adding up the 1,576 sterilizations reported by the Indiana Department of Mental Health for the period 1936 to 1962, the 308 operations listed in the Fort Wayne annual reports for the fiscal years 1927-1928 to 1935-1936 (as compiled by Vicki Casteel), the 144 sterilization orders approved by the Muscatatuck Board of Trustees from 1937 to 1953, the 35 sterilizations listed in the Logansport annual reports from 1931 to 1943 (when they appear to end), the 7 salpingectomies listed in the Indiana Girls' School annual reports from 1927 to 1933, and several redacted Fort Wayne patient records listing sterilizations dated 1933 to 1975. Although the total comes to 2,072, I use the more conservative estimate of 2,000 because some of the Muscatatuck inmates were transferred to Fort Wayne for sterilization and it is unclear how these operations were counted. During the same period, sterilizations were not reported in the annual reports of Indiana's other insane hospitals or the Village for Epileptics, and further research is needed to determine if unreported sterilizations occurred in those facilities. See "Eugenic Sterilization in Indiana"; *Fort Wayne State School Annual Reports*, 1927-1952 (Indianapolis); *Logansport State Hospital Annual Reports*, 1931-1943 (Fort Wayne); *Indiana Girls' School Annual Reports*, 1927-1933 (Indianapolis); Muscatatuck Colony for the Feebleminded, Board of Trustees, Minutes, 1937-1953; and assorted redacted Fort Wayne State Hospital and Training Center Face Sheets, Indiana State Archives.

Hurty's successor as secretary of the ISBH, Dr. William F. King.[87] In 1925, one of the members of the Indiana State Eugenics Committee, C. O. Holmes, state senator from Gary, took advantage of this atmosphere to introduce a novel eugenics bill. The main goal of this proposed "Eugenical Sterilization Law" was to halt the procreation of "certain potential parents carrying degenerate hereditary qualities," a task to be entrusted to an official state eugenicist who would submit sterilization petitions after identifying defectives in the general and institutional populations.[88] Despite requiring notification of the next of kin, mandating a court hearing to approve the state eugenicist's recommendation, and forbidding risky abdominal surgery, the bill died one month after its introduction.[89] The senate discussion of this bill suggests that its overarching provisions, which entailed a hitherto unknown degree of state intrusion and untold implementation costs, disconcerted Indiana legislators.[90]

Although the 1925 bill was postponed indefinitely, its objective of the compulsory sterilization of custodial inmates was adopted two years later. The 1927 act, the cornerstone of Indiana's era of unfettered sterilization, pertained exclusively to institutions for the feebleminded, insane, and epileptic. It was approved the same year that the U.S. Supreme Court upheld a similar Virginia statute in the well-known *Buck v. Bell* decision.[91] With the imprimatur of the highest court in the land and now written to stress the preventive health benefits of protecting the populace from the ills of defective heredity, sterilization laws resurged in the United States. By 1932, 27 states had acts on the books.[92] Indiana's law was typical of the time, even though its implementation diverged somewhat from national patterns.

The 1927 act delineated a two-stage procedure by which the superintendent presented a petition to the institutional governing board, scheduled a hearing to validate the request, and served copies of the peti-

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[87]List of Indiana State Committee members, July 23, 1928, H. A. Crossland Folder, AES, 575.06 Am3.

[88]Engrossed State Bill No. 86, February 9, 1925, SF.

[89]Excerpts from *Journal of the Indiana State Senate, 74th Session of the Assembly* (Indianapolis, 1925), SF.

[90]Lantzer, "A Very Progressive Reform."

[91]Paul A. Lombardo, "Three Generations, No Imbeciles: New Light on *Buck v. Bell*," *New York University Law Review*, 60 (April 1985), 30-62.

[92]Reilly, *The Surgical Solution*, 97-101.

tion on the inmate and next of kin with at least 30 days anticipation, followed by a board hearing with the inmate and sometimes a relative present for the official approbation. Shielding themselves against the weaknesses of the 1907 and related acts overturned in state courts, the crafters of this legislation inserted sections that allowed for a right to appeal the decision to the circuit court (and in the next instance, the Indiana Supreme Court), clarified that this law could not be construed to permit castration or organ removal, and immunized all authorities involved in legal and surgical proceedings from civil or criminal liability.[93] Furthermore, although the law seemingly vested the superintendent with the acting authority to pursue sterilization, it granted the institutional board the power to order, in the face of dissent, the sterilization of any inmate found "by the laws of heredity" to be a "probably potential parent of socially inadequate offspring."[94] In practice, this translated into board hearings where the institutional physician certified that the welfare of an inmate and "of society will be promoted by such sterilization."[95]

In two subsequent amendments to the law, passed in 1931 and 1933, this authority was also conferred to the domain of the county court, empowering the judge and two testifying physicians to mandate sterilization at the inquests of the feebleminded and insane. Thus, the second "Indiana Plan" allowed both the committing county court and the institutional board to sanction sterilization. According to Dr. L. Potter Harshman, who served as Fort Wayne State School's psychiatrist at the time and regularly testified at board hearings, flexibility characterized this dual system. Speaking before an audience of his colleagues in the American Society for Mental Deficiency, Harshman admitted that "perhaps this convenient arrangement has the proportions of being a little too wholesale in the minds of most of you" but justified the policy as "progressive" because it enabled more defectives to be released into home care.[96]

In the 1930s the economic strains of the Great Depression stimulated state institutions to enact cost-saving initiatives to reduce over-

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[93]"Eugenic Sterilization in Indiana" notes inconsistent interpretations of criminal immunity.

[94]"An Act to provide for the sexual sterilization of inmates" (1927), SF.

[95]Fort Wayne State School, Board of Trustees, Minutes, 1931-1947, ISA.

[96]L. Potter Harshman, "Medical and Legal Aspects of Sterilization in Indiana," *Journal of Psycho-Asthenics,* 39 (June 1933-June 1934), 189.

crowding and more rapidly parole inmates. Such financial pressures pushed the Fort Wayne State School to make sterilization a prerequisite for release, a policy that began in earnest in 1932 and virtually ensured a stable rate of surgeries. Thus, from 1931 to 1957 a mean of 57 inmates were sterilized each year at Fort Wayne. Operations peaked in the fiscal year 1945-1946 with 157 operations, affecting nearly 10 percent of the average annual population of 1,680.[97]

A close analysis of 534 board hearings transcribed in the Fort Wayne minute books from 1931 to 1955 provides some insight into Indiana's sterilization patterns. First, this data set corroborates that gender parity characterized the 1,500 operations performed in all Indiana institutions between 1930 and 1960, with an almost 50/50 split between men (265) and women (269). Notably, Indiana's gender parity contrasts with other states where, by the late 1930s, significantly more women were undergoing operations. Second, although the mean age of sterilization was 24, minors made up a high proportion of those sterilized. Indeed, the largest single age group (out of a 7-to-50 age range) was sixteen-year-olds, 34 of whom appeared at sterilization hearings, followed in short order by 33 seventeen-and 33 eighteen-year-olds. Indiana was also unusual in this regard, at least as compared to Virginia and California, both of which reported comparatively lower rates of reproductive surgery on those under twenty.[98] This suggests that there might be a link between gender parity and the disproportionate sterilization of minors, especially if eugenic sterilization is understood as a form of medical paternalism enacted by health authorities on specific groups in their and society's "best interest." If medical paternalism was directed at adult women portrayed as biologically burdened reckless breeders and bad mothers in California and North Carolina, in Indiana it was also aimed at adolescents and children housed in institutions like the Fort Wayne State School.[99] Lastly, this data set shows that sterilization hearings continued at a steady rate into the 1950s, with the most (69) taking

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[97]Ibid.

[98]L. Potter Harshman, "Sterilization before the Sixteenth Year," *American Journal of Mental Deficiency*, 46 (1941-1942), 542-47.

[99]On medical paternalism and the sexual and reproductive control of women through sterilization in California and North Carolina see Wendy Kline, *Building a Better Race: Gender, Sexuality, and Eugenics from the Turn of the Century to the Baby Boom* (Berkeley, Calif., 2001) and Schoen, *Choice and Coercion*.

place in 1954, when three comprehensive hearings (with 22, 31, and 16 inmates) occurred. Indeed, operations did not markedly decline until the fiscal year 1957-1958, when there was a change in the administration of the state's mental health department, which was given jurisdiction over most aspects of sterilization proceedings in a 1951 amendment.[100] This pattern is in keeping with national trends, as operations peaked in the late 1930s and 1940s but did not substantially subside, and in fact increased in several states, in the 1950s and 1960s.[101] Nevertheless, the rationale for sterilizations changed from the 1930s to the 1960s, shifting from the need to impede the propagation of the hereditarily defective to a greater concern with bad parenting and the dysfunction of poor or welfare families.[102] Whatever the reasoning, however, until the 1970s decade of repeal, sterilizations across the country were performed based on eugenic statutes.

While verbal consent was not technically required of inmates (since the board could overrule any objections), a central component of the sterilization hearing involved an attempt to procure consent or some recognition, even if minimal, that the inmate understood the procedure's consequences. The Fort Wayne board minutes and a handful of county court inquests indicate that the authorities believed it was imperative for the inmate to physically appear and speak before the adjudicating body and for a written record, proving the proper execution of policies, to be transcribed. To a great extent, the scripted interaction at the hearings amounted to an unnecessary pretense. Yet given previous experience, it behooved Fort Wayne officials to insulate themselves from any possible legal entanglement that might jeopardize the institution's operations. Thus, in the few instances (8 out of 534) in which inmates verbally denied consent, the board erred on the side of caution and placed these cases in abeyance.

The great majority (364 or 69.2 percent) of the 534 inmates verbally communicated affirmative consent. However, as George Tarjan, the thoughtful long-serving superintendent of the Pacific State Hospital in California, noted in 1973, retrospectively evaluating the consent of

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[100]"Eugenic Sterilization in Indiana," 281; Lantzer, "A Very Progressive Reform."

[101]Stern, *Eugenic Nation*, chap. 3.

[102]Rickie Solinger, *Pregnancy and Power: A Short History of Reproductive Politics in America* (New York, 2006), chaps. 3 and 4.

PETITION

To the Board of Trustees of the Muscatatuck State School:

The undersigned petitioner respectfully represents that he is the duly appointed and acting superintendent of the Muscatatuck State School.

That said institution has the care and custody of M. W., a feeble-minded inmate thereof; that the said M W. was born 4-2-22 and was committed by or admission authorized through the proper authorities of K County, Indiana on the 19 day of November, 19 40, and has been an inmate of the Muscatatuck State School since the 19 day of November 1940.

That said M W. is definitely feeble-minded and incurable; and that it is the opinion of the petitioner that the welfare of the said M W and society will be promoted by her sexual sterilization.

That your petitioner is informed and believes that Mrs. C. W. residing at E is related to said M. as mother and is her nearest or next of kin.

Wherefore your petitioner prays that an order be made and entered by your Board authorizing and requiring Dr. Revel Banester, a competent physician to sexually sterilize said M. W. by performing on her the operation of salpingectony, ~~[illegible]~~.

Signed _____ Supt. Muscatatuck S. S.

State of Indiana)
Jennings County) SS

Cliff Bemish being duly sworn upon oath says; that the matters and facts set forth in the foregoing petition are true as he verily believes.

Signed _____

Subscribed and sworn to before me this _____ day of _____

My Commission expires _____

_____ Notary Public

A redacted sterilization order from the Muscatatuck State Hospital

Courtesy of the Indiana State Archives

patients in facilities for the mentally retarded is an exercise riddled with problems. On one hand, some inmates were interned primarily for sexual behavior considered inappropriate and only secondarily for a mental condition. In institutions around the country, sterilization was regularly employed as a tool of sexual or reproductive management, as young women categorized as licentious or men diagnosed as sodomites underwent operations based on a mixture of therapeutic and eugenic rationales.[103] For example, in the early 1940s, the "rather attractive" but "emotionally unstable" E. A. was committed multiple times to the Muscatatuck Colony because of her low I.Q. (61), the fact she had "invited men to come into her room," and because after one escape she was found to be suffering from gonorrhea. The petition paperwork shows that E. A., who had 16 siblings including a sister with a child born out of wedlock, was sterilized, at age 19, in August 1942 at the Indiana University Medical Center based on a Bartholomew County court inquest.[104] It is plausible that patients like E. A., many of whom conversed lucidly in the board hearings, were plainly aware that sterilization was their sole release ticket and simply assented to the operation. These individuals were probably among the small but significant portion (44 or 8.1 percent) that gave conditional consent, expressing a clear understanding of the parole policy, like the woman above who stated "Yes, I'll take anything to get home." On the other hand, for the most vulnerable inmates, including minors as well as those whom today we might consider severely mentally disabled, the consent process at Fort Wayne was very suspect. Based on his 25 years of experience in California, Tarjan observed that "retarded persons, particularly children, have also been noted to be highly suggestible. I have no doubt that an authoritative figure could readily influence a retarded adolescent to follow any suggested course of action, including sterilization. These facts cast further doubt on the propriety of taking the consent of an adolescent retarded person at face value."[105]

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[103]Kline, *Building a Better Race*; Braslow, *Mental Ills and Bodily Cures*; and Peter Boag, *Same-Sex Affairs: Constructing and Controlling Homosexuality in the Pacific Northwest* (Berkeley, Calif., 2003).

[104]Patient File of A.E., 1942, Muscatatuck Patient Records, Indiana State Archives.

[105]George Tarjan, "Some Thoughts on Sterilization," in *Eugenic Sterilization*, ed. Jonas Robitscher (Springfield, Ill., 1973), 17-24.

Compounding the dubious validity of "consent," the board hearings also reveal that 118 inmates, or 22.4 percent, failed to respond to or were not asked a consent question. There was a strong statistical association between age and consent type: the younger the person the greater the probability that he or she was in the category of those who were neither asked nor answered a consent question. For example, 43 or 41.7 percent of those in the 7-16 age bracket fell into this group, twice the percentage of the next closest age bracket of 17-21.[106] The entirety of a 1937 exchange between the superintendent and an 11-year-old boy captures this pattern:

Q: What is your name?
A: R. M.
Q: Where do you live?
A: Indianapolis.
Q: Do you know about this operation?
A: No.

Other times, young inmates were asked nothing about sterilization but rather about their chores at the institution or if they liked the custodial staff; some remained completely silent during the hearing, asked absolutely nothing at all. For a handful, a slight nod of head was recorded in the minutes as proof of consent. Preliminarily, these findings imply that even as it enforced Indiana's sterilization act in a manner similar to other institutions around the country, Fort Wayne stood out for its egregious violation of the rights and bodies of minors, some of whose parents agreed to the operation or participated in the decision-making and others who faced the board hearing all by themselves.

Indiana's 1927 sterilization law, which was amended several times over the years but remained the principal legal foundation for compulsory reproductive surgery in state institutions, was not repealed until 1974. During the mid-1970s a sea change in attitudes about rightful institutionalization and patient autonomy took place in the United States. This was a time of public outcry over the revelation that the U. S. Public Health Service had conducted unethical and harmful syphilis experiments on poor rural blacks in Macon County, Alabama, for over forty years. Like legislators in other states, Indiana lawmakers, many of

[106]This statistical association is demonstrated by an age group (7-16, 17-21, 22-30, 31-40, 41-50)/consent type cross-tabulation and a chi-squared test where $P < .5$.

whom were stunned to realize that sterilizations were still performed sporadically, decided that it was high time to purge what they now saw as antiquated and biased laws. Looking back at the repeal from the vantage point of 2006, one of the sponsoring senators wrote that "it was still amazing that sterilization could be considered as treatment in the best interests of an individual or society."[107]

FROM THE EUGENIC PAST TO THE GENOMIC FUTURE

Even though Indiana passed the first sterilization law in the nation and its demographic profile of extreme racial homogeneity set it apart, Hoosier eugenics moved in tandem with other states. Across the country from 1900 to 1960, states passed eugenic laws, held better babies contests at county and state fairs, sent researchers to crowded urban areas or remote rural hamlets to produce family studies, and authorized the sterilization of the "mentally defective" in public homes and hospitals. Like their counterparts in other regions, Hoosier eugenicists gravitated toward biological theories and models to provide simple explanations of the complex and disruptive social changes that accompanied modernization, urbanization, and industrialization. Especially during the Progressive Era, Hoosier physicians, educators, and clergymen involved in public health or social reform found an easy affinity with eugenics. Indeed, for many, embracing eugenics was part and parcel of claiming professional authority during a period in which science and efficiency were the watchwords of progress.

Along this vein, Indiana's history offers a poignant example of how eugenics could serve as a professionalization path for white middle-class women. In the early twentieth century, many educated white women found careers in the human sciences and social sciences that afforded them newfound freedom. It was particularly acceptable for female professionals to dedicate themselves to fields concerned with the well-being of children and the betterment of families. In Indiana, some white middle-class women, like Schweitzer, became child doctors, and others, like Jatho and Hansford of the Committee on Mental Defectives, field workers or psychologists. These women shared a desire for professional

[107]Quoted in Lantzer, "A Very Progressive Reform."

autonomy and a humanitarian urge to help the downtrodden. Paradoxically, even as female eugenicists faced gender discrimination and a glass ceiling within their profession, their own achievements usually entailed the denigration and dehumanization of a long list of "others," including racial minorities, immigrant mothers, poor whites, and the physically and mentally disabled.[108] That their pronouncements, couched in the language of scientific objectivity, often bordered on accusations of uncontrolled breeding, irresponsible parenting, or failed womanhood only underscored the precious line between "fit" and "unfit" that female eugenicists constructed around their professional identity.[109]

Although the most vitriolic aspects of American eugenics were waning by the 1930s and scientists and social scientists were condemning scientific racism by the 1940s, hereditarian thinking did not disappear after World War II.[110] In some cases, earlier eugenic policies, like sterilization laws, remained in place. At the same time, eugenic ideas were incorporated into the emergent areas of family planning and population control and, to some degree, into human and clinical genetics. Indiana's history is also instructive to understanding the postwar period. The fact that overt racism was never central to Hoosier eugenics allowed it to transition comfortably into the ubiquitous pronatalism of the "baby boom" years. After World War II, Rice conveyed his message of proper mating and marriage in a series of sex-education pamphlets with titles such as "How Life Goes On and On" and "Those First Sex Questions" that included photographs of smiling white families composed of a breadwinning husband, an aproned housewife, a son riding a bike, and a daughter at the sewing machine.[111] Yet, in the same years as Rice was writing these pamphlets and expressing his Ozzie and Harriet eugenic viewpoint as editor of the *Monthly Bulletin of the Indiana State Board of Health*, the sterilization rate at the Fort Wayne State School was on the rise. By the 1940s, sterilization had become a *pro forma* administrative procedure required for a patient's release, the larger therapeutic or social

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[108]Katrina Irving, *Immigrant Mothers: Narratives of Race and Maternity, 1890-1925* (Urbana, Ill., 2000); and Alison Berg, *Mothering the Race: Women's Narratives of Reproduction, 1890-1930* (Urbana, Ill., 2002).

[109]Louise Michele Newman, *White Women's Rights: The Racial Origins of Feminism in the United States* (New York, 1999).

[110]Stern, *Eugenic Nation*, introduction.

[111]Five pamphlets contained in Thurman B. Rice, *Sex Education* (Chicago, 1948).

value of which was never seriously broached. As in other states, Hoosier legislators did not recognize the sterilization statute as anathema to civil and patient rights until the 1970s.[112]

Reaching the century mark since the passage of the state's milestone sterilization act offers a moment to consider the incorporation of eugenics—a vital dimension of legal, social, and medical history—into a richer and perhaps less comforting understanding of modern Indiana. In a state committed to "freedom from discrimination and undue anxiety" in matters related to genetic counseling, newborn screening, and the treatment of birth defects, the historical workings and residual effects of eugenic policies and practices merit further historical research and recognition.[113]

[112]Stern, *Eugenic Nation*, chap. 6.

[113]Indiana Genetic Advisory Committee, "Mission Statement," accessed online at http://www.in.gov/isdh/programs/genomics/mission.htm on August 10, 2006.

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